



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

EDWARD ICAZA, MD

**Respondent Name**

METROPOLITAN TRANSIT AUTHORITY

**MFDR Tracking Number**

M4-17-3753-01

**Carrier's Austin Representative**

Box Number 19

**MFDR Date Received**

AUGUST 21, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The carrier has not paid this claim in accordance and compliance with TDI-DWC Rule 133 and 134."

**Amount in Dispute:** \$151.86

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "It was the respondent's position, in MFDR tracking #M4-17-1613-01, that an office visit exceeded the referral and that the designated doctor referred the patient for EMG/NCV only. The MFDR found that the requestor did not establish that reimbursement was due. Instead of appealing the MFDR, the requestor changed the office visit CPT code to a 99202 versus the 99204 code initially submitted. The request was labeled as a reconsideration... Starr Comprehensive Solutions maintains the position that no further reimbursement is due."

**Response Submitted By:** Starr Comprehensive Solutions

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 26, 2016	CPT Code 99202 New Patient Office Visit	\$119.96	\$0.00
	CPT Code 95886 (X2) Needle EMG	\$0.00	\$0.00
	CPT Code 95911 Nerve Conduction Studies	\$0.00	\$0.00
	HCPCS Code A4556 Electrodes	\$16.90	\$0.00
	HCPCS Code A4215 Needle	\$15.00	\$0.00
TOTAL		\$151.86	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20, effective January 29, 2009 sets out the health care provider billing procedures.
3. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
4. 28 Texas Administrative Code §102.4, effective May 1, 2005, sets out rules to determine when written documentation was sent.
5. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
6. The services in dispute were reduced / denied by the respondent with the following reason code:
  - P14-The benefit for this service is included in the payment/allowance for another service/procedure that has been performed on the same day.
  - 29-The time limit for filing has expired.
  - 165-Payment denied/reduced for absence of, or exceeded referral.
7. Case History:
  - The requestor initially sought MFDR on January 27, 2017 for codes 99204, A4556 and A4215.
  - The division docketed this dispute under M4-17-1613-01.
  - The division reviewed the disputed services and issued a findings and decision on February 24, 2017.
  - The requestor then down-coded the evaluation and management service from 99204 to 99202 and submitted claim to the insurance carrier.
  - The requestor now seeks MFDR for codes 99202, A4215 and A4556.
  - The division docketed this dispute under M4-17-3753-01.

### **Issues**

1. Did the requestor support position that the disputed bill for CPT code 99202 was submitted timely?
2. Is HCPCS code A4556 and A4215 eligible for review?

### **Findings**

1. The requestor is seeking MFDR for evaluation and management service CPT code 99202 rendered on October 26, 2016. As stated above, the requestor originally billed and sought MFDR for evaluation and management service CPT code 99204. Regarding CPT code 99204, the MFDR determined that the requestor had exceeded the referral from designated doctor; the documentation did not support the level of service billed; was not billed in accordance with general coding policies; and that was billed without the appropriate modifier. After the decision, the requestor then down-coded the evaluation and management code and billed CPT code 99202.

28 Texas Administrative Code §133.20(f) states " Health care providers shall not resubmit medical bills to insurance carriers after the insurance carrier has taken final action on a complete medical bill and provided an explanation of benefits except in accordance with §133.250 of this chapter (relating to Reconsideration for

Payment of Medical Bills).” In this case, the respondent had taken final action and issued explanation of benefits relating to CPT code 99204. Because the requestor billed with a new code, 99202, this is considered a new bill.

According to the explanation of benefits, the respondent denied reimbursement for CPT code 99202 based upon reason code “29-The time limit for filing has expired.”

Texas Labor Code §408.027(a) states, “A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.”

28 Texas Administrative Code §102.4(h), states, “Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.” A review of the submitted documentation does not contain any evidence such as a fax, personal delivery, electronic transmission, or certified green cards to support the bill was sent to the respondent within the 95 day deadline.

The requestor did not submit a fax confirmation, personal delivery or electronic transmission or a postmark letter to support that CPT code 99202 was submitted for payment to the respondent in accordance with Texas Labor Code §408.027(a). As a result, reimbursement is not recommended.

2. The requestor is also seeking dispute resolution for HCPCS codes A4556 and A4215. The division reviewed these codes and issued a findings and decision on February 24, 2017.

28 Texas Administrative Code §133.307 (g) states,

Appeal of MFDR Decision. A party to a medical fee dispute may seek review of the decision. Parties are deemed to have received the MFDR decision as provided in §102.5 of this title. The MFDR decision is final if the request for the benefit review conference is not timely made. If a party provides the benefit review officer or administrative law judge with documentation listed in subsection (d)(2)(H) or (I) of this section that shows unresolved issues regarding compensability, extent of injury, liability, or medical necessity for the same service subject to the fee dispute, then the benefit review officer or administrative law judge shall abate the proceedings until those issues have been resolved. (1) A party seeking review of an MFDR decision must request a benefit review conference no later than 20 days from the date the MFDR decision is received by the party. The party that requests a review of the MFDR decision must mediate the dispute in the manner required by Labor Code, Chapter 410, Subchapter B and request a benefit review conference under Chapter 141 of this title (relating to Dispute Resolution--Benefit Review Conference). A party may appear at a benefit review conference via telephone. The benefit review conference will be conducted in accordance with Chapter 141 of this title.

Because the requestor did not appeal the MFDR decision for HCPCS codes A4556 and A4215 issued on February 24, 2017 under docket number M4-17-1613-01, that decision is final per 28 Texas Administrative Code §133.307 (g). Therefore, the division will not consider HCPCS codes A4556 and A4215 any further.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

#### **Authorized Signature**

_____	_____	09/14/2017
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**